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South Africa

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

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HIV Positive Adults & Adolescents

Year Issued:

2015

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults

Screening for PLHIV for TB Every Visit? (Y/N)

(Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

None Indicated

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

Patients on ART (Adolescent/adult):

All eligible for IPT regardless of CD4 count

If TST negative:

- Re-assess TST status and IPT eligibility 1 year after completing IPT
- If TST positive:
- 36 months » TST negative

- 12 months » TST not available
- If later TST becomes positive – extend IPT to 36 months Patients who finished ATT and are eligible for IPT should be provided IPT only if there is documented proof of bacteriological cure.

IPT can be started immediately after completing TB treatment.

Dosing guide for standard IPT regimen Adolescents/Adults/Pregnant women: INH 5 mg/kg/day (maximum 300 mg per day)

Vitamin B6 (pyridoxine):

- 25 mg/day Pre-ART patients regardless of CD4 (Adolescent/Adult):
- Must be TST positive to get IPT regardless of CD4
- TST positive: 36 months IPT
- TST negative: No IPT
- TST not available: 6 months IPT:
- If later TST is negative – stop IPT
- If later TST becomes positive – extend IPT to 36 months

Criteria for Starting: ARV 1st Line Regimen:

All patients with active TB disease are eligible for ART irrespective of CD4 count TB diagnosed before starting ART

Start ATT first, followed by ART as soon as possible and within 8 weeks of ATT initiation

If CD4

- Initiate ART within 2 weeks of ATT initiation, when the patient's symptoms are improving and ATT is tolerated

If CD4 >50 cells/μl

- Initiate ART within 2-8 weeks of ATT initiation

In cryptococcal or TB meningitis:

- Defer ART initiation for 4-6 weeks

ART first-line regimen for adolescents ≥15 years and adults - All HIV/TB co-infection:

- TDF + 3TC (or FTC) + EFV provide as fixed-dose combination (FDC)

TB develops while on ART

- Continue ARV therapy throughout TB treatment

First-line regimen:

- Patient can remain on the regimen they are taking unless they are on NVP.

ARV 2nd Line Regimen:

TB develops while on ART Second-line regimen:

The Lopinavir/Ritonavir (LPV/r) dose should be doubled (increase gradually from 2 tablets 12 hourly to 4 tablets 12 hourly) while the patient is on Rifampicin-based TB treatment. Monitor ALT monthly. Reduce

LPV/r to standard dose 2 weeks after TB treatment is completed.

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

Children

Year Issued:

2015

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

Children <5 years old with recent exposure to TB contact regardless of HIV status

All HIV-positive children up to 15 years old with recent exposure* to TB case and in whom TB disease and other contra-indications have been excluded:

Provide IPT for 6 months: INH 10 mg/kg/day + Pyridoxine (12.5mg daily if < 5 years old; 25mg daily if ≥5 years old)

*Recent exposure is evidenced by either: Close contact with an infectious pulmonary TB case during the past 12 months, or Tuberculin skin test positive (induration >5mm in HIV- infected or malnourished children) IPT should be repeated with each new exposure to an infectious TB case as previous IPT or TB treatment does not protect against future TB infection or disease.

If re-exposure to an infectious source case of TB occurs while on IPT, IPT should be continued for as long as the source case remains infectious.

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

Pre-exposure IPT is not recommended for any child, regardless of HIV status.

Criteria for Starting: ARV 1st Line Regimen:

Not indicated

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

Pregnant and Breastfeeding Women

Year Issued:

2015

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

None Indicated

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

Pregnant/breastfeeding HIV positive women:

Tuberculin Sensitivity Test (TST) positive:

- 36 months IPT

TST negative:

- 12 months IPT

TST not available:

- 12 months IPT

Criteria for Starting: ARV 1st Line Regimen:

Not indicated

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

Neonates

Year Issued:

2015

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

The following neonates are eligible for IPT:

- TB disease has been excluded on basis of clinical, radiological (CXR) and bacteriological (gastric aspirates) assessments and
- Mother is non-infectious and has drug susceptible TBIf neonate eligible:
 - Prescribe INH 10mg/kg daily for 6 months

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

The following neonates are eligible for IPT:

- TB disease has been excluded on basis of clinical, radiological (CXR) and bacteriological (gastric aspirates) assessments and
- Mother is non-infectious and has drug susceptible TBIf neonate eligible:
 - Prescribe INH 10mg/kg daily for 6 months

Criteria for Starting: ARV 1st Line Regimen:

Not indicated

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

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